

**BEST AVAILABLE COPY**

PATENT APPLICATION DETERMINATION RECORD

Effective October 1, 2000

10F2

Application or Docket Number

1091937991

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                  |   |              |                                     |
|----------------------------------|---|--------------|-------------------------------------|
| TOTAL CLAIMS                     |   |              |                                     |
| FOR                              |   | NUMBER FILED | NUMBER EXTRA                        |
| TOTAL CHARGEABLE CLAIMS          | 7 | minus 20 =   |                                     |
| INDEPENDENT CLAIMS               | 1 | minus 3 =    |                                     |
| MULTIPLE DEPENDENT CLAIM PRESENT |   |              | <input checked="" type="checkbox"/> |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

|           |      |           |      |
|-----------|------|-----------|------|
| RATE      | FEES | RATE      | FEES |
| BASIC FEE |      | BASIC FEE |      |
| X\$ 9=    |      | X\$18=    |      |
| X40=      |      | X80=      |      |
| +135=     |      | +270=     |      |
| TOTAL     |      | OR TOTAL  |      |

- If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |        |                          |
|--|---|-------|---|------------------|--------|--------------------------|
|  |   |       |   |                  | RATE   | ADDITIONAL<br>FEE        |
| Total  | 6   | Minus | 20  | =                | X\$ 9= | X\$18=                   |
| Independent                                    | 1   | Minus | 3   | =                | X40=   | X80=                     |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |        | <input type="checkbox"/> |

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

|                  |                   |                     |                   |
|------------------|-------------------|---------------------|-------------------|
| RATE             | ADDITIONAL<br>FEE | RATE                | ADDITIONAL<br>FEE |
| X\$ 9=           |                   | X\$18=              |                   |
| X40=             |                   | X80=                |                   |
| +135=            |                   | +270=               |                   |
| TOTAL ADDIT. FEE |                   | OR TOTAL ADDIT. FEE |                   |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE   | ADDITIONAL<br>FEE        |
|--|---|---------------------|---|------------------|--------|--------------------------|
| Total  | 10  | Minus               | 20  | =                | X\$ 9= | X\$18=                   |
| Independent                                    | 2   | Minus               | 3   | =                | X40=   | X80=                     |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                     |   |                  |        | <input type="checkbox"/> |
| RATE   | ADDITIONAL<br>FEE                         | RATE                | ADDITIONAL<br>FEE                           |                  |        |                          |
| X\$ 9=   |   | X\$18=              |   |                  |        |                          |
| X40=   |   | X80=                |   |                  |        |                          |
| +135=  |   | +270=               |   |                  |        |                          |
| TOTAL ADDIT. FEE                               |   | OR TOTAL ADDIT. FEE |   |                  |        |                          |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE   | ADDITIONAL<br>FEE        |
|--|---|---------------------|---|------------------|--------|--------------------------|
| Total  | 12  | Minus               | 20  | =                | X\$ 9= | X\$18=                   |
| Independent                                    | 2   | Minus               | 3   | =                | X40=   | X80=                     |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                     |   |                  |        | <input type="checkbox"/> |
| RATE   | ADDITIONAL<br>FEE                         | RATE                | ADDITIONAL<br>FEE                           |                  |        |                          |
| X\$ 9=   |   | X\$18=              |   |                  |        |                          |
| X40=   |   | X80=                |   |                  |        |                          |
| +135=  |   | +270=               |   |                  |        |                          |
| TOTAL ADDIT. FEE                               |   | OR TOTAL ADDIT. FEE |   |                  |        |                          |

- If the entry in column 1 is less than the entry in column 2; write "0" in column 3.
- If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## PATENT APPLICANT

## DETERMINATION RECORD

Effective October 1, 2000

20F2  
Application or Docket Number

1-091937991

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

|                                  |              |                          |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     |              |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | minus 20 =   |                          |
| INDEPENDENT CLAIMS               | minus 3 =    |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

| AMENDMENT A                                    |             | CLAIMS REMAINING AFTER AMENDMENT | (Column 1)                         |               | (Column 2) | (Column 3)               |
|--|-------------|----------------------------------|------------------------------------|---------------|------------|--------------------------|
|  |             |                                  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |            |                          |
|  | Total       | • 16                             | Minus                              | .. 20         | = —        |                          |
|  | Independent | • 2                              | Minus                              | ... 3         | = —        |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |                                  |                                    |               |            | <input type="checkbox"/> |

| SMALL ENTITY TYPE | OTHER THAN |              |
|-------------------|------------|--------------|
|                   | OR         | SMALL ENTITY |
| BASIC FEE         |            | BASIC FEE    |
| X\$ 9=            |            | X\$18=       |
| X40=              |            | X80=         |
| +135=             |            | +270=        |
| TOTAL             | OR         | TOTAL        |

| SMALL ENTITY     | OTHER THAN     |                  |
|------------------|----------------|------------------|
|                  | OR             | SMALL ENTITY     |
| RATE             | ADDITIONAL FEE | RATE             |
| X\$ 9=           |                | X\$18=           |
| X40=             |                | X80=             |
| +135=            |                | +270=            |
| TOTAL ADDIT. FEE | OR             | TOTAL ADDIT. FEE |

| AMENDMENT B                                    |             | CLAIMS REMAINING AFTER AMENDMENT | (Column 1)                         |               | (Column 2) | (Column 3)               |
|--|-------------|----------------------------------|------------------------------------|---------------|------------|--------------------------|
|  |             |                                  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |            |                          |
|  | Total       | • 16                             | Minus                              | .. 20         | = —        |                          |
|  | Independent | • 3                              | Minus                              | ... 3         | = —        |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |                                  |                                    |               |            | <input type="checkbox"/> |

| RATE             | ADDITIONAL FEE |  | RATE             | ADDITIONAL FEE |
|------------------|----------------|--|------------------|----------------|
|                  | OR             |  |                  |                |
| X\$ 9=           |                |  | X\$18=           |                |
| X40=             |                |  | X80=             |                |
| +135=            |                |  | +270=            |                |
| TOTAL ADDIT. FEE | OR             |  | TOTAL ADDIT. FEE |                |

| AMENDMENT C                                    |             | CLAIMS REMAINING AFTER AMENDMENT | (Column 1)                         |               | (Column 2) | (Column 3)               |
|--|-------------|----------------------------------|------------------------------------|---------------|------------|--------------------------|
|  |             |                                  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |            |                          |
|  | Total       | • 9                              | Minus                              | .. 20         | = —        |                          |
|  | Independent | • 1                              | Minus                              | ... 3         | = —        |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |                                  |                                    |               |            | <input type="checkbox"/> |

| RATE             | ADDITIONAL FEE |  | RATE             | ADDITIONAL FEE |
|------------------|----------------|--|------------------|----------------|
|                  | OR             |  |                  |                |
| X\$ 9=           |                |  | X\$18=           |                |
| X40=             |                |  | X80=             |                |
| +135=            |                |  | +270=            |                |
| TOTAL ADDIT. FEE | OR             |  | TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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TRANSMITTAL LETTER TO THE UNITED STATES  
DESIGNATED/ELECTED OFFICE (DO/EO/US)  
CONCERNING A FILING UNDER 35 U.S.C. 371

ATTORNEY'S DOCKET NUMBER

33944

U.S. APPLICATION NO. (If known, see 37 CFR 1.5)

09/937991

|                               |                           |                          |
|-------------------------------|---------------------------|--------------------------|
| INTERNATIONAL APPLICATION NO. | INTERNATIONAL FILING DATE | PRIORITY DATE CLAIMED    |
| PCT/JP00/02012                | 30 March 2000 (30.03.00)  | 02 April 1999 (02.04.99) |

|                    |  |
|--------------------|--|
| TITLE OF INVENTION | FUNCTIONALIZED GLYCOSAMINOGLYCAN POLYMER AND MEDICAL INSTRUMENTS AND DRUGS BY USING THE SAME |
|--------------------|--|

|                           |  |
|---------------------------|--|
| APPLICANT(S) FOR DO/EO/US | YURA, Hiroyumi; SAITO, Yoshio; ISHIHARA, Masayuki;<br>ONO, Katsuaki; ISHIKAWA, Keiichi |
|---------------------------|--|

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1.  This is a FIRST submission of items concerning a filing under 35 U.S.C. 371.
2.  This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371.
3.  This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.
4.  The US has been elected by the expiration of 19 months from the priority date (Article 31).
5.  A copy of the International Application as filed (35 U.S.C. 371(c)(2))
  - a.  is attached hereto (required only if not communicated by the International Bureau).
  - b.  has been communicated by the International Bureau.
  - c.  is not required, as the application was filed in the United States Receiving Office (RO/US).
6.  An English language translation of the International Application as filed (35 U.S.C. 371(c)(2))
  - a.  is attached hereto.
  - b.  has been previously submitted under 35 U.S.C. 154(d)(4).
7.  Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))
  - a.  are attached hereto (required only if not communicated by the International Bureau).
  - b.  have been communicated by the International Bureau.
  - c.  have not been made; however, the time limit for making such amendments has NOT expired.
  - d.  have not been made and will not be made.
8.  An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
9.  An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).
10.  An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).

## Items 11 to 20 below concern document(s) or information included:

11.  An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
12.  An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
13.  A FIRST preliminary amendment.
14.  A SECOND or SUBSEQUENT preliminary amendment.
15.  A substitute specification.
16.  A change of power of attorney and/or address letter.
17.  A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821 - 1.825.
18.  A second copy of the published international application under 35 U.S.C. 154(d)(4).
19.  A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).
20.  Other items or information:

English translation of Amendments Under Article 34 of PCT Filed on October 27, 2000  
English translation of Amendments Under Article 34 of PCT filed on March 30, 2001.

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| U.S. APPLICATION NO. <b>09/7937991</b>   |              | INTERNATIONAL APPLICATION NO.<br>PCT/JP00/02012 | ATTORNEY'S DOCKET NUMBER<br><b>33944</b> |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
|--|--------------|---|--|----------------------|--------------|------------------|------|--|----------|-------------------|-----------|-----------------------|---------|------------------|-----------|---|--|------------------------|-----------------|--------------------------------------|--|----------|-----------------|
| 21. <input checked="" type="checkbox"/> The following fees are submitted:  |              | <b>CALCULATIONS PTO USE ONLY</b>                |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| <b>BASIC NATIONAL FEE (37 CFR 1.492 (a) - (5)):</b><br>Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)), paid to USPTO and International Search Report not prepared by the EPO or JPO ..... <b>\$1000.00</b><br><br>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO ..... <b>\$860.00</b><br><br>International preliminary examination fee (37 CFR 1.482) net paid to USPTO but international search fee (37 CFR 1.445(a)(2)), paid to USPTO ..... <b>\$710.00</b><br><br>International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... <b>\$690.00</b><br><br>International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) ..... <b>\$100.00</b> |              |   |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b>  |              |   |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).   |              | \$ <b>860.00</b>                                |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>6 - 20 =</td> <td>0</td> <td>x \$18.00</td> </tr> <tr> <td>Independent claims</td> <td>1 - 3 =</td> <td>0</td> <td>x \$80.00</td> </tr> <tr> <td colspan="2">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td></td> <td>+ \$270.00</td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> </tr> </tbody> </table>   |              |   |  | CLAIMS               | NUMBER FILED | NUMBER EXTRA     | RATE | Total claims   | 6 - 20 = | 0                 | x \$18.00 | Independent claims    | 1 - 3 = | 0                | x \$80.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |                        | + \$270.00      | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |          |                 |
| CLAIMS   | NUMBER FILED | NUMBER EXTRA                                    | RATE                                     |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| Total claims   | 6 - 20 =     | 0   | x \$18.00                                |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| Independent claims   | 1 - 3 =      | 0   | x \$80.00                                |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)  |              |   | + \$270.00                               |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |              |   |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.  |              | + \$ <b>630.00</b>                              |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| <b>SUBTOTAL =</b>  |              |   |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).   |              | \$ <b>630.00</b>                                |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">TOTAL NATIONAL FEE =</th> <th colspan="2">\$ <b>630.00</b></th> </tr> </thead> <tbody> <tr> <td colspan="2">Fee for recording the enclosed assignment (37 CFR 1.21(g)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.2E, 3.2I). \$40.00 per property</td> <td colspan="2">+ \$ <b>-----</b></td> </tr> <tr> <td colspan="2">TOTAL FEES ENCLOSED =</td> <td colspan="2">\$ <b>630.00</b></td> </tr> <tr> <td colspan="2"></td> <td>Amount to be refunded:</td> <td>\$ <b>-----</b></td> </tr> <tr> <td colspan="2"></td> <td>charged:</td> <td>\$ <b>-----</b></td> </tr> </tbody> </table>   |              |   |  | TOTAL NATIONAL FEE = |              | \$ <b>630.00</b> |      | Fee for recording the enclosed assignment (37 CFR 1.21(g)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.2E, 3.2I). \$40.00 per property |          | + \$ <b>-----</b> |           | TOTAL FEES ENCLOSED = |         | \$ <b>630.00</b> |           |   |  | Amount to be refunded: | \$ <b>-----</b> |                                      |  | charged: | \$ <b>-----</b> |
| TOTAL NATIONAL FEE =   |              | \$ <b>630.00</b>                                |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| Fee for recording the enclosed assignment (37 CFR 1.21(g)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.2E, 3.2I). \$40.00 per property   |              | + \$ <b>-----</b>                               |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| TOTAL FEES ENCLOSED =  |              | \$ <b>630.00</b>                                |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
|  |              | Amount to be refunded:                          | \$ <b>-----</b>                          |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
|  |              | charged:  | \$ <b>-----</b>                          |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>630.00</u> to cover the above fees is enclosed.  |              |   |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.  |              |   |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>16-0820</u> . A duplicate copy of this sheet is enclosed.<br>Order no. 33944   |              |   |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |              |   |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.   |              |   |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| SEND ALL CORRESPONDENCE TO:<br><br><b>00116</b><br><small>PATENT &amp; TRADEMARK OFFICE</small>   |              |   |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |
| <br>SIGNATURE<br><b>Jeffrey J. Sopko</b><br>NAME<br><b>27676</b><br>REGISTRATION NUMBER  |              |   |  |                      |              |                  |      |  |          |                   |           |                       |         |                  |           |   |  |                        |                 |                                      |  |          |                 |

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